

REQUEST FOR TRANSFER

Complete this form and return it to the Department of Personnel at one of the following addresses:

- 209 East Musser Street, Suite 101, Carson City, NV 89701-4202
- 555 E. Washington Avenue, Suite 1400, Las Vegas, NV 89101-1046

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Social Security #: _____

Work Telephone: _____ Work Site Location: _____

Current Job Title: _____ Option (If applicable): _____

Class Code Number: _____ Class Grade: _____

If you wish to be placed on the Transfer List for another option within your current job title, please designate the option(s) and attach an updated State Employment Application.

Option(s): _____

Location/Area Willing to Work: _____

Type of Employment:

Current Requested

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent (Full-Time) |
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent (Part-Time) |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary (1-3 Months) |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary (3-6 Months) |
| <input type="checkbox"/> | <input type="checkbox"/> | Intermittent (as needed or on-call basis) |
| <input type="checkbox"/> | <input type="checkbox"/> | Summer Only |
| <input type="checkbox"/> | <input type="checkbox"/> | Seasonal (1-9 Months) |

Current Appointment Status:

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Probationary or Permanent |
| <input type="checkbox"/> | Provisional |
| <input type="checkbox"/> | Emergency |
| <input type="checkbox"/> | Temporary |
| <input type="checkbox"/> | Special Handicapped (700 Hour) |

FOR CLERICAL CLASSES ONLY: To better serve you and the hiring agency, please check the following skills and abilities you have acquired:

- | | |
|--|--|
| <input type="checkbox"/> _____ WPM Typing (45 or better) | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> Lotus | <input type="checkbox"/> Database |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Accounts Receivable/Payable |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Ten Key |
| <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> Windows 95 | <input type="checkbox"/> Fluent in Spanish |

If at any time you need to update these skills, please contact the Department of Personnel at: Carson City (775) 684-0150 or Las Vegas (702) 486-2900

I certify that the above information is accurate and that I have read and understand the information provided on the reverse side of this form.

SIGNATURE _____ DATE _____

TRANSFER INFORMATION

1. Completion and submittal of this form will place your name on the transfer list for your current job class only. Your name will remain on the transfer list for one year unless you are separated from State service, you fail to respond to an inquiry of availability, you are appointed to a position as a transfer, you are no longer eligible to transfer within that class or you request that your name be removed from the transfer list.
2. Transfer lists are certified to all State agencies requesting an eligible list for the appropriate job class.
3. If your current appointment status is other than probationary or permanent or your position is other than permanent, there may be restrictions on your transfer or your request may require special processing. Contact the Field Services Division of the Department of Personnel for additional information.
4. It is at the discretion of a hiring agency to consider, or not consider, employees requesting transfer.
5. Placing your name on a transfer list gives your request the broadest circulation possible, however, a transferring employee may be appointed without his/her name being on the list. Therefore, you may find it helpful to also personally express your interest to hiring agencies.